WORKING THROUGH COUNTERTRANSFERENCE: WHEN SUPERVISION IS NEEDED

With the intimate nature of the work, supervisees must face the inevitability of ambivalence, their reactions of hate as well as love, the presence of destructive as well as constructive forces, and the realization that we are all vehicles for one another's inner worlds.

(Arkowitz, 2001, p. 54)

Handling a critical incident involving countertransference is as tricky, as the concept is nebulous. Successful countertransference resolutions can not only move the client's therapy forward in a positive direction but can deepen the supervisee's self-understanding as a therapist, professional, and person. Unsuccessful resolution of countertransference can damage both the supervisory and therapy relationship.

Recognized as an empirically supported, effective element of the therapy process (Gelso & Hayes, 2001), managing countertransference is crucial in supervision. Raising the topic in the context of nonpsychoanalytic therapy often causes confusion because the term countertransference derives from analytic notions about unconscious processes, though neo-Freudian writers (e.g., Little, 1951) broadened the definition to include conscious and unconscious processes. Whereas transference refers to a client's reaction to the therapist based on projections deriving from past experiences with influential others, countertransference refers to feelings a client elicits in the therapist—feelings that either reflect the therapist's own problematic transference issues or reactions to the client's attitudes, characteristics, or behaviors.

When speaking of managing countertransference in supervision, we typically refer to the supervisee's reactions to his or her client(s). However,
we can also refer to the supervisor's reactions to the supervisee. In the following sections, we discuss classic and contemporary views on countertransference in psychotherapy and review theoretical and empirical literature on working with countertransference in supervision. Two process models illustrate how a supervisor can help a supervisee work through feelings of countertransference toward a client. Finally, as special considerations for this event, we discuss transference and countertransference that originate in the supervisory relationship.

COUNTERTRANSFERENCE DECODED

Skillful countertransference management in supervision requires understanding the complexities of the phenomenon. Two definitions currently prevalent in the professional literature, include the common classical definition, which views countertransference as an impediment to therapy—an intrusion of the therapist's own issues into the therapeutic process (Hedges, 1992; Ogden, 1982). The other, more contemporary definition views countertransference as the therapist's emotional reactions to the client's interpersonal demands in the therapeutic relationship (Frawley-O'Dea & Sarnat, 2001; Grinberg, 1979a, 1979b; Hedges, 1992; Ogden, 1982).

Traditionally (i.e., in the Freudian sense) countertransference is an impediment (Hedges, 1992). In classical psychoanalytic training, supervision accompanies personal analysis to help a candidate come to terms with unconscious, drive-based fantasies that can threaten the capacity to maintain neutrality in session with an analysand. The goal of supervision is to help analysts rid their work of intruding unconscious material.

Interpersonal theorists view the therapist's countertransference reactions not as a product of unconscious fantasies, but of the therapist's unique psychosocial history. From the interpersonal viewpoint, familial factors, particularly relationships with early caretakers, create expectancies for relationships that influence social behavior in adulthood. Typically, supervision involves identifying how the therapist responds in an unconscious, habitual fashion to interpersonal situations in therapy that mimic a familiar historical relationship. Whether seeing therapists' reactions to clients as reflections of unacceptable unconscious fantasies or viewing them as repetitions of therapists' early experiences with others, many supervisors emphasize countertransference as an impediment to effective treatment.

Alternatively, countertransference can provide the therapist with a window to the client's inner world. Related to the concept of projective identification, this form of countertransference, with roots in the early object-relations theory of Melanie Klein (1975), is called projective counteridentification (Grinberg, 1979a, 1979b). From an object relations perspective, we all
experience emotional reactions and self-perceptions that we deny because acknowledging them would constitute a threat to our stable sense of self. One way to avoid awareness of these unwanted perceptions and experiences is to project them onto others or see others as possessing the same traits, feelings, experiences, and motives that we would rather deny. In projective identification, however, a more primitive process takes place. We not only view others as possessing our projected, unwanted feelings, but also behave in a way that actually induces others to experience those feelings and perhaps act on them. Doing so allows us to disavow the unwanted feelings or expressions.

For example, an angry client may do something (e.g., repeatedly forget to bring payment for therapy sessions) that at first, induces frustration in the therapist. Eventually, however, as the client continues provoking, the therapist may come to dislike the client and consciously wish to discontinue treatment. As the "passive recipient" of the client's projections and introjections (Grinberg, 1979a, 1979b), the therapist begins to feel self-disgust for experiencing such hostility toward the client. ("Good therapists don't hate their clients, do they?") Because these feelings are distinctly unfamiliar, they likely result from the process of projective counteridentification. To short-circuit this downward spiral, the therapist must recognize the client's self-loathing and how it drives the actions that cause rejection by others. With this understanding, the therapist may be able to convert feelings into empathy and reverse the noxious counteridentification that threatens work with the client.

From their medical model perspective, analysts have said a fair amount about when countertransference is likely to occur and how it manifests. The edited book Countertransference by Epstein and Feiner (1979), for example, is devoted to explaining countertransferences that arise when working with severely regressed clients or clients with borderline personality disorder or disorders of the self. Other authors focus on kinds of client problems, such as incest—ripe for countertransference reactions (McElroy & McElroy, 1991). (See chap. 8 for a discussion of vicarious traumatization.)

Contemporary research on countertransference (e.g., Hayes, McCracken, et al., 1998; Rosenberger & Hayes, 2002) provides valuable information about its typical origins (family problems, unfulfilled needs, performance anxiety), triggers, manifestations, and consequences. Interestingly, the experienced, expert therapists interviewed by Hayes et al. indicated that countertransference frequently occurs in their practice. Considering that countertransference, by definition, is often an unconscious process, its prevalence was likely underestimated (Hayes et al., 1998). If, as suggested (Rosenberger & Hayes, 2002), countertransference can be used to a therapist's advantage, then supervisors need information about its behavioral signals, how it may affect therapeutic and supervisory interactions, and steps to work through its entanglements.
WORKING WITH COUNTERTRANSFERENCE IN SUPERVISION:  
TEACH OR TREAT?

Although Freud and other early analysts are generally credited with discovering countertransference, the idea was in the air, so to speak, long before. In 1853, Baron Ernst Von Feuchtersleben wrote, “Since in the so-called psychical mode of cure, one personality has to act upon another . . . the treatment in most instances demands a second education of the physician” (cited in Ekstein & Wallerstein, 1958, p. 242). In the early days of psychoanalysis, “problems about learning” due to countertransference were handled within the context of supervision, but by the mid-20th century, U.S. analysts insisted on a split between personal or training analysis and supervision (Ekstein & Wallerstein, 1958, p. 137). Taking the most conservative position on this issue, Arlow (1963) argued that a supervisor should comment on the supervisee’s countertransference reactions to patients only in extreme circumstances. Personal growth and development were the domain of the training analyst, not the supervisor.

In the “teach or treat” controversy (McKinney, 2000, p. 567), one side maintains that supervision’s sole purpose is to enhance technical skills, whereas the other side argues that working through countertransference is essential to protect clients from a supervisee’s neurotic acting out. In 1976, most analysts surveyed tended to ignore a supervisee’s countertransference or only approach it cautiously (Goin & Kline, 1976). Not to violate the supervisee’s privacy, the supervisor would simply encourage the supervisee’s further self-analysis. The prevailing wisdom was that the supervisor’s obligation ended after pointing out the supervisee’s failure to interpret significant clinical material (Barnat, 1980).

In contemporary psychoanalysis, however, examination of countertransference is the sine qua non of relational supervision (Frawley-O’Dea & Sarnat, 2001; McKinney, 2000). Based in social constructionism, relational supervision’s guiding principle is that supervisor and supervisee work collaboratively within each other’s subjective realities, cocreating meaning from felt experience. As in relational psychoanalysis, transference and countertransference phenomena in supervision are seen as inevitable and mutually reinforcing. To be fully present in the supervisory relationship, the supervisor and supervisee must move back and forth from regressive experiences to open, observing spaces. There is no assumption that the supervisor has the Truth (i.e., greater knowledge of the patient, the therapeutic work, or the supervisee than the supervisee has). Indeed, the supervisor’s authority has less to do with a socially sanctioned role but intersubjective wisdom demonstrated in relating with the supervisee (Frawley-O’Dea & Sarnat, 2001).

In the context of discussing countertransference love and hate, analysts identified other feelings that a supervisee may experience, such as
jealousy (Searles, 1979) and shame (Hahn, 2001), as well as the attitudes that supervisors may witness when their supervisees experience counter-transference. Considering supervisees who act out sexually with their clients, Celenza (1995) explained that typically the supervisee views countertransference "love" for the client as empathy when, in fact, this feeling is substituted for hate or used as a defense against profound feelings of vulnerability. Celenza's observation is supported by research showing that when countertransference is present, supervisee and supervisor often disagree on the strength of the supervisee's connection with the client (Ligiero & Gelso, 2002).

The clinical literature gives more guidelines for working with counter-transference in supervision than any of the other critical incidents discussed in this book. These guidelines tend to be fairly general, however, and focus more on the Markers of countertransference, such as supervisee hostility or withdrawal, than on the mechanics of resolution. In terms of Markers, some authors note the supervisor's experience of the supervisee, whereas others focus on the supervisees' conversations about the client. For example, unaware of emotional distancing from a client, a supervisee may either idealize the supervisor or respond indifferently to input (Hahn, 2001). In reporting on a case, the supervisee may make extraneous and critical comments about the client, or the client's stories may reveal unconscious perceptions of the supervisee's countertransference (Barnat, 1980).

One kind of countertransference, theme interference (Caplan, 1970, cited in Bernard & Goodyear, 1998), occurs when a supervisee loses objectivity about a client because of overgeneralized personal experiences with similar individuals. Consider a female supervisee who responds to a highly masculine male client with extreme trepidation based on her many negative personal experiences with men like him. Supervisory strategies to overcome theme interference involve unlinking the supervisee's experience of the client from her stereotype or challenging the stereotype itself (Bernard & Goodyear, 1998). (See chaps. 3 and 7 on gender and cultural misunderstandings for process models on working with theme interference.)

Writers on the side of "teach, don't treat" recommend clarification and confrontation, pointing out the supervisee's "learning blocks" (e.g., Fleming & Benedek, 1983, p. 78) to catalyze self-analysis of the countertransference. With a supervisee who is eager to learn, empathic, responsive to feedback, and can also self-observe, the supervisor can patiently encourage introspection and allow the supervisee to decide individually whether personal therapy is needed. With a more defensive supervisee who refuses to acknowledge his or her countertransference, the supervisor is obliged to recommend personal therapy (Fleming & Benedek, 1983).

The most oft-discussed supervisory phenomenon related to countertransference is, of course, parallel process. Traditionally, parallel processes were said to arise from supervisees' unconscious identifications with clients.
(Searles, 1955). Although the concept can be defined in various ways, we refer to parallel processes as similarities between a specific therapeutic interaction and the supervisory interaction, originating in either interaction and mirrored in the other. Because being supervised and being seen in therapy both involve help-seeking, similarities in the process are natural and expected (Ekstein & Wallerstein, 1958). Thus, some authors look at parallel process only as a serendipitous event in supervision. Like other authors (Ekstein & Wallerstein, 1958; Loganbill, Hardy, & Delworth, 1982; McNeill & Worthen, 1989), however, we value working explicitly with parallel processes to further the supervisee's personal and professional growth.

Searles (1955), the first analyst to discuss parallel process, called it a reflection process. Although most contemporary writers recognize that parallel processes can originate in either the supervisory or therapeutic relationship (Bernard & Goodyear, 1998), early authors saw it strictly as "upward bound" (Frawley-O'Dea & Sarnat, 2001, p. 17). This is because supervisors considered to be more knowledgeable and self-aware than supervisees can point out that a supervisee may unconsciously reenact some aspect of the client's functioning through projective counteridentification (Grinberg, 1979a, 1979b). In contrast, parallel process in psychoanalytic relational supervision is not something the supervisor observes in the supervisee so much as something in which the supervisor is actively involved in creating, enacting, and processing (Frawley-O'Dea & Sarnat, 2001).

Research on critical incidents in supervision (Heppner & Roehlke, 1984; Rabinowitz, Heppner, & Roehlke, 1986) shows that supervisees, particularly the more advanced ones, value a focus on transference and countertransference in supervision. In one case study (Martin, Goodyear, & Newton, 1987), the recognition and resolution of countertransference characterized the best sessions, as rated by both supervisee and supervisor, and in another case study (Friedlander, Siegel, & Brenock, 1989), verbal communication processes in the supervisory relationship mirrored verbal communications in the therapy relationship. The supervisee was one-down and cooperative in supervision, but she was dominant and nurturing in therapy, just as the supervisor behaved toward her in supervision.

The most clinically rich study on parallel process (Doehrman, 1976) involved in-depth interviews of supervisees and supervisors. The qualitative results showed convincingly how a supervisee's parallel emotional reactions to the supervisor and the client could derail the supervisory process. When, however, the transference-countertransference shadows came to light, supervisees behaved more genuinely and spontaneously in their therapeutic relationships with clients.

In our process model of working through countertransference, described following, the events we present are ones in which countertransference is the primary phenomenon addressed. In general, the supervisor's strategies
involve exploring the supervisee's feelings to determine the nature of the countertransference and identify its causes, conceptualizing the therapy process in light of the supervisee's new understanding and planning action to facilitate the supervisee's withdrawal from the client's drama.

A countertransference event contains two important interaction sequences, *focus on countertransference* and *attend to parallel processes*. These two sequences are not unique to critical incidents involving countertransference, however. As illustrated in other chapters, a focus on countertransference and an interpretation of parallel processes occurs during other kinds of events—role conflict, misunderstanding, or events focusing on supervisees' problematic feelings and behaviors.

**PROCESS MODEL OF A COUNTERTRANSFERENCE EVENT**

**Markers**

Like other events, the most difficult aspect of countertransference events is identifying what specifically needs addressing (i.e., the Marker). For this reason, treating an incident in supervision as a countertransference event ideally should only be done when a well-established, positive relationship with mutual trust and respect exists and where the supervisee's personal boundaries are clear to both parties. Of course, these ideal conditions occur most often when the supervisee is experienced, skilled, and has no active or minimally significant personality problems or emotional difficulties.

Unfortunately, this best-case scenario is not always possible. Sometimes countertransference interferes with therapy at the outset, before the supervisory relationship is established. Whereas therapists should avoid making premature interpretations of their clients' unconscious material, supervisors cannot always avoid focusing on countertransferential material when a client's welfare is at stake. Sometimes, the supervisee lacks awareness about when it is appropriate to mention personal issues in supervision, fearing that revealing personal problems will be damaging. And sometimes, what at first seems to be countertransference in the therapy relationship is really transference or countertransference in the supervisory relationship.

Thus, it is crucial, before undertaking the steps outlined in the following process model to identify that countertransference—and not something else—is indeed the problem. As discussed earlier, countertransference can arise from the supervisee's psychosocial conflicts or be a counteridentification to the client's conflicts. Naturally, the first variety is easier to detect and work with. Although not a litmus test, traditional or classic countertransference Markers may be distinguished from projective counteridentification Markers by the extent to which the supervisee's feelings toward the client are familiar or unfamiliar. Having a familiar feeling, even
if uncomfortable, reflects classic countertransference. The supervisee may
not be able to make sense of feelings toward the client, but these feelings are
ones the supervisee owns—they are personal, recognizable, and familiar.
Feeling distinctly uncomfortable with a client, however, and sensing that
this discomfort is unfamiliar or unrecognizable—extreme, inappropriate, or
uncharacteristic—may signal projective counteridentification.

Supervisees, who know themselves well and are aware of how their
responses to a given client reflect feelings about someone else in their life,
might clearly ask their supervisor to help sort out these feelings (e.g., "He
reminds me so much of my father, I just can’t shake it!"). Less aware super-
visees might recognize that responses to a given client are troubling, but
they still do not understand the reasons. The supervisee vaguely knows that
some kind of countertransference is occurring (e.g., "I’m just disliking him
so much—he’s just the kind of person I try to avoid!"). Still less aware, a
supervisee might complain about a vague, uneasy, or uncomfortable feeling
toward a client with no idea that this feeling might reflect personal issues or
relationships (e.g., “I have to admit, I wasn’t looking forward to my session
with her this week”).

These hypothetical statements are not, of course, sufficient Markers in
and of themselves, because the relational context, discourse, and knowl-
edge of the supervisee are needed to distinguish countertransference events
from other kinds of events. The last statement, for example, “I have to
admit, I wasn’t looking forward to my session with her this week,” could
signal a skill difficulty (see chap. 2) rather than countertransference, if the
supervisee’s reluctance is primarily due to a lack of understanding about
how to help the client.

The countertransference Markers discussed so far are verbal state-
ments. Countertransference can also be evidenced by a supervisee’s behav-
ior, either in supervision or in therapy itself. Excessive passivity or activity,
for example, or seductiveness, forgetting important details, arriving late,
and so forth, could signal the presence of countertransference. Countertransference that underlies these kinds of behaviors is less
conscious and therefore, more challenging to recognize. Perhaps the
clearest indicator of countertransference is a supervisee’s notably unchar-
acteristic behavior. Any of the preceding examples that occur regularly
with several different clients, might signify a skill difficulty or some
problem other than countertransference, which by definition, is particular
to a single therapy relationship.

Because of these complexities, the Marker may be lengthy. But once
the supervisor judges that countertransference is evident, the task is clear—
identify and understand it and ascertain that it does not unduly interfere
with the therapy. Ideally, a successfully resolved countertransference event
should enhance the supervisee’s professional development and work with
the client.

106 CRITICAL EVENTS IN PSYCHOTHERAPY SUPERVISION
Interaction Sequences

The first step in the process environment is exploring what may occur in the therapy relationship beyond the supervisee's awareness; undertaken not only to put the countertransference in a context but to expose what happens to set it off. The next step explores the nature of the supervisee's countertransference by looking closer at the supervisee's present feelings toward the client, contrasted with previous feelings toward the same client or with similar clients. Ideally, this step should “click” for the supervisee (i.e., result in some new self-understanding).

In this step, supervisor and supervisee begin by identifying specific client behaviors that gave rise to the countertransference. The extent of interpretation depends on the supervisee's self-awareness as well as the comfort level in discussing personal issues with the supervisor. If the trust is strong and the supervisee understands the boundary between supervision and therapy, this step might include an extended discussion of personal difficulties or troubling relationships.

The final two steps in the model are interpretation of the parallel process and the Resolution. This event involves planning for future therapy sessions despite what has been discovered. The parallel process step is an optional one, only necessary when some recognizable similarity in the therapeutic and supervisory processes exists. When there is a sound basis for interpreting a parallel process, it is desirable to do so because it teaches the supervisee, in a personal way, about the power of unconscious processes. The Resolution—planning for action—is necessary on two levels. First, on a practical level, it ensures that the supervisee has the tools to overcome the block caused by countertransference. Second, on a less-conscious level, it helps the supervisee regain confidence in approaching difficult situations with a client.

SUCCESSFUL RESOLUTION OF A CLASSIC COUNTERTRANSFERENCE EVENT

In the following illustration, Janice, a 28-year-old experienced postdegree supervisee and her female African American supervisor have worked together for many months and have a good, mutual understanding of the client under discussion. The bond between them is strong: Janice has previously disclosed quite a bit about her life and personal issues, and they know that Janice values the opportunity for personal growth in supervision.

In this event, Janice discusses her work with a client, Marcus, a 40-year-old, single White man with a narcissistic personality disorder, who has made demonstrable progress in therapy to this point. The Marker begins when Janice describes a rupture in the therapeutic relationship and her negative feelings toward her client.
Janice: I hate to admit it, but I've been real rocky with Marcus for a few sessions. I want to ... have been trying to understand it, but I think I'm going through a period where I don't really want to work with him. You know, I feel myself getting bored with him because he's very, very dramatic. He does things, oh, like, for a lot of attention. I always feel drained when I walk out of there, more so than before, and one session he started crying because he was happy, which was good, but he was crying. He had his head down and peeked up above both hands like this [demonstrates] to see if I was looking at him, you know. I thought, "Come on, you know, like ..."

Supervisor: So it seemed insincere to you?

Janice: Yeah. It didn't seem genuine, and the other people watching the session said it didn't seem genuine. You know, I don't know, it's really hard to work with him at this point because like ... (pauses)

Supervisor: He isn't likable.

Janice: No, he whines, and I don't care as much. I don't care about helping him as much as I did (I'm a little embarrassed to say this) because he doesn't, he wasn't, it seems like he's trying to get something other than help, you know.

Supervisor: You feel manipulated, it seems. Tell me a bit more about the last few sessions with him.

Exploration of the Therapy Relationship

Supervisor: You feel manipulated, it seems. Tell me a bit more about the last few sessions with him.

The supervisor knows that Marcus' transferential feelings toward Janice are strong; thus his behavior is not unusual or surprising. Rather, what was notable and caught the supervisor's eye was Janice's expression of exhaustion, boredom, dislike, and impatience; feelings she has never expressed before. Because Janice owned these negative feelings, doubted her own perceptions ("... and the other people watching the session said [his behavior] didn't seem genuine"), and expressed a need to understand these reactions, countertransference seemed likely. What is not clear, however, was the extent to which Janice's reactions stemmed from her own issues (i.e., the classic kind of countertransference). She seemed aware that her feelings toward Marcus were troublesome, but she wondered whether it was his behavior or something in herself, which gave rise to these feelings. This uncertainty prompts the first step in the event, an exploration of what is occurring in the therapy that might touch off Janice's strong feelings.

Copyright American Psychological Association. Not for further distribution.
Janice: Yeah. There is a big, a lot of time I don't feel in control of... if, because he isn’t, it isn’t like we’re working on his problems. But there’s something else going on, like he's trying to get so much of my attention all the time, not to help him, but just because he wants my attention.

describes her uneasiness

Supervisor: What is it that you think he’s asking you to do, though, that you think you can’t or shouldn’t do?

Janice: It’s like, “Jump on my merry-go-round, be in my real life. Don’t be the therapist. Be totally wound up with me.” Yeah, it kind of sounds like, “I want you to be my therapist, but I wish you could get on this merry-go-round and be as happy as I am, and be my friend and everything and feel everything that I feel.” He came to that realization, but the session was bad because it was sort of like I was bursting his bubble, you know. Because he was on a high, high, high, and I was trying to bring him back to reality. And I couldn’t do it, and he was getting really angry during the session. And I said, “What’s going on here?” because we were getting nowhere. And he said, “I feel like you’re not understanding me, you’re not listening to me, you don’t understand what I’m saying.”

explores her understanding of the impasse

And he said, “Don’t you realize how far I’ve come?” and he went into one of the spiels about how he used to let everything affect him dramatically, and now he’s got a rein on that but that I’m telling him that everything is going to get worse again. This wasn’t what I was saying, but that’s how I think he was kind of hearing it.

expresses some negative feelings about the client and an awareness of transference

At this point, the supervisor realized that Janice was reliving the emotion of her last session with Marcus. To create meaning, which would give Janice a handle on what she is experiencing, the supervisor offers a synthesis of what she has heard thus far.

Supervisor: There’s a lot there! You seem to feel at a loss about how to both be with him and also move things forward. And he’s seeing it very “black and white.”

Janice: Yeah.

Supervisor: But something nagged at you, it seems. You felt it was a bad session? Too personal or . . . ? Are you just concerned because it was conflictual, or . . .?

seeks to identify specifically what led Janice to feel badly

Janice: It felt like we were fighting, like it was a tug of war, every little sentence. Okay, everything I said he took wrong. I mean I was happy for him. He’s made gains and I know he will . . . I’m thinking that he has, he has gone backward. So I should, I probably should have just bared with him the whole session, not introducing any reality. Just staying with him, with him being happy, you know, and later bringing in reality. I think that I tried to prevent him from, like, falling on his face.

offers her understanding of the rupture alliance and her part in it

Supervisor: Yeah, you tried to cushion the fall.

reflects Janice’s good intention

WORKING THROUGH COUNTERTRANSFERENCE 109
Janice: Right. I shouldn’t have done that, and it was like the whole session was pull and tug. We just weren’t . . . we just weren’t on the same plane. I don’t know.

Janice, an experienced therapist, shows her ability to listen to the “melody,” the latent content, in her work with Marcus. By the end of this step in the event, she had expressed less annoyance with Marcus and less self-blame. With the supervisor’s help, she gained some distance and began assigning meaning to the impasse in the therapy process.

**Focus on Countertransference**

Supervisor: I think the thing is . . . it’s almost like you’re seeing it in black and white, too, almost—either to be with him—high in the sky—or to do what you did, try to cushion the inevitable fall. Let’s see if we can understand what put you in this frame of mind, okay? Let’s see if . . . identifies Janice’s cognitive distortion and asks her permission to explore it more deeply

Janice: (Yeah)

Supervisor: Let’s see if we together can figure out what’s happening to you right now with him. The bit you said about the merry-go-round makes me wonder. He seems very childlike, you know.

Janice: Yeah. Yeah. I think, “childlike,” yeah, that was something that later, after the session, I realized that bothered me. Because I’ve seen him like that before, but it was real different. Like two sessions ago, he was like Maria [another client], very adolescent-like, and I felt like I was talking to her, not to Marcus. And I realized it bothered me, because he’s 40 and acting like a child! It never bothered me before because when he’s an adult and he’s sincere, we can talk about how painful it is that he had all these tragedies as a child. I can deal with that, but when he acts like a baby, I sit there, and I want to shake him and say, “Don’t act like a kid.”

Supervisor: Any idea why that bothers you so much?

Janice: No really, because . . . except it gets, it just gets really draining sometimes to sit there and all the time be empathic with him. I’m not sure if that’s it or because he’s so needy.

Supervisor: When you say you want to shake him, it sounds like . . . oh, like he’s frustrating you.

Janice: Yeah, like . . .

Supervisor: But, what is frustrating you? What’s frustrating you with him?

labels the source of her discomfort

asks Janice to consider a more personal explanation

Janice: No really, because . . . except it gets, it just gets really draining sometimes to sit there and all the time be empathic with him. I’m not sure if that’s it or because he’s so needy.

Supervisor: When you say you want to shake him, it sounds like . . . oh, like he’s frustrating you.

reflects

Janice: Yeah, like . . .

Supervisor: But, what is frustrating you? What’s frustrating you with him?

probes

110 CRITICAL EVENTS IN PSYCHOTHERAPY SUPERVISION
Janice: Because it’s frustrating for me to think that he’s sitting there being so needy for some attention and wanting me to feel sorry for him. But then he flips into critical mode. *(embarrassed)* He actually told me, “Be sure to prepare for our next session!” It was his parting shot when he left!

Supervisor: It’s hard to feel empathy for someone who’s blasting you!

Janice: Yes! Right, and I can do that, but when he’s not genuine about it, I can’t do it, and it’s frustrating. It’s frustrating, one, to think I can’t be empathic with him anymore when I have been, and two, it’s frustrating to try to fake it. I don’t want to have to do that, you know. If he’s sitting there and zapping me for every little ounce I have left, I can’t do it.

Supervisor: So, when he’s acting like a child, you feel like a bad therapist, and that’s frustrating you, like your hands are tied. There’s nothing you can do.

Janice: Sometimes it is, but sometimes it’s just frustrating, you know, I think, “why doesn’t he just, you know, get on with it? Stop acting like a child, grow up, get on with it, you know.” I don’t know why I feel that, you know, I don’t know. If he’s sincere and acting like a child, it doesn’t bother me, but . . .

Supervisor: So maybe the disturbing part of it was the inappropriateness of him acting like an authority and telling you, “You’re doing a terrible job and shape up.” And he expects his due, and you feel he is not real appreciative of . . .

Janice: You know, it’s . . . it does bother me when he pulls me a lot, and you know, I started thinking I was trying to figure out why it bothered me so much. “Why can’t I help this person? Why is he aggravating me so much?” And this has been going on for a few weeks now, and there’s been a time that I could hardly deal with myself, and I felt like, “I can’t, I can’t, I can’t, I don’t have anything left . . .
for you. So if you need me, be genuine and I'll help you, but don't sit here and babble in front of me about things you're really not serious about." You know what I mean? I started thinking maybe that was it and 50 zillion hypotheses about why I can't do this.

dsself-explores

Supervisor: I think that makes a lot of sense. Can we look at that some more? reassures her and asks permission to explore it further

Janice: Uh-huh.

Supervisor: You were feeling overwhelmed and barely able to hang in there yourself, and here you've got this demanding, manipulative child that's taking unfair advantage, who's also turning you around, treating you sometimes like a parent, sometimes like a friend.

summarizes Janice's latent feelings in response to the client's transference

Janice: That just made a lot of sense, because I never thought about it like that, but that sounds just like my mother, because that's what she does. She has all these roles, you know, and I go home, and she's very manipulative and she does all these things. (quieter) I told you she's a drug addict—?

insight about a parallel relationship in her own life

Supervisor: Yes, you did.

Janice: Well, I can't make her get help. I've tried! But to me, she'll come up and she'll be real authoritative and she'll say, "da, da, da," like a parent. And I'm not a kid. Then she'll be like a kid, not the parent. Then she'll try to be my friend, and she'll want to go out with me. She'll want to go out dancing with me and my friends. And I think that's not appropriate, and it's like . . . I don't . . . I don't like her. And that's probably why I'm not liking Marcus very much lately. Right before my vacation, when I went home, I had a good session with him, but after my vacation . . . oh! Maybe that's why . . .

insight about the timing of her countertransference

Supervisor: So maybe some of those things, some of those same things maybe got stirred up with your mother. And with Marcus, you're feeling like, "Grow up and take responsibility for your problems. And be genuine. If you say you really want my help, I'll be there for you, but if you act whiny and childlike . . ."

suggests further parallels

Janice: With her it's like, it's not even, it's, "Grow up. Grow up. Grow up." All the time. "Why are you so immature? Why can't you be the mother?" kind of thing. "Why can't you get help?" It's not so much that she's whiny, but one minute she'll be genuine, and then she'll turn around and snap your head off. And like . . . it's like when he (client) tells me, "Prepare for our session tomorrow," and where did that come from . . .

explores her feelings in both relationships

Supervisor: Yeah. I can understand how you're feeling: "How dare you, how dare you say this to me?" reflects
Janice: So, I guess in a lot of ways they're the same, and I don't... I don't want to help her anymore. I don't talk about it because I can't help her, you know. She has to do it on her own, go for help or whatever. It's different. I can help him. I can't help her. She has to help herself. I can't do it, and she just... she stresses me out too much so I can't, but I can help him. They're different, though. They're alike, and they're different.

makes a distinction between the two relationships

Supervisor: Um hmm

Janice: But I think you're right. They probably pull the same things out of me.

This is the most powerful aspect of the event. Based on their exploration of the therapy process, the supervisor took her understanding of the client's transference toward Janice and Janice's latent feelings toward her, the supervisor, and offered a metaphor—a demanding, manipulative child. This metaphor "clicked" for Janice when it brought her mother to mind. Note the back-and-forth exploration of her feelings in the previous speaking turn.

Janice knows that her complex feelings toward her mother need expressing because they interfere with her work as a therapist. Because the boundaries of supervision are clear, she discloses this information to get a handle on her reactions to Marcus, not to elicit a therapeutic response from the supervisor. The supervisor, knowing that Janice does not want or expect to linger on her problems with her mother, delicately moves the discussion back to the issues at hand. Because Janice's insight about her mother seems helpful to her, in the next sequence, the supervisor focuses on the parallel process, hoping that Janice might recall that her best work with Marcus has been insight oriented.

**Attend to Parallel Process**

Supervisor: When we first started talking, we were talking about how you were in a dilemma because you felt like the only two options you had were either to get on his merry-go-round or stay off it and tell him to knock it off.

recalls the original therapeutic dilemma

Janice: Um-hmm

Supervisor: Right. Let's think for a minute about you and me here. Here, for example, I could have said to you, "Well, Janice, just snap out of it." That wouldn't have been very helpful to you, would it? You would've felt that I wasn't being empathic, right?

focuses on the supervisory process

Janice: Um-hmm

Supervisor: Or I could have said, you know, "Okay. Go with your feelings. Run with it. Do more with it." That probably wouldn't have helped you either.
Janice: No.

Supervisor: But what we did do was, "Let's see. Let's see if we can understand why you're having such difficulty with this guy." And that's what I'm trying to help you to see, to understand.

identifies her own supervisory strategy as collaborative and interpretive

Janice: How I don't have to be black and white, you mean?

Supervisor: Yes, I guess what I'm saying is that what we've been doing together is what you need to be doing with Marcus. Let's see if we can understand how you're feeling now. Let's see if we can understand what it means that you feel I have to be with you on your merry-go-round, that I have to be with you in everything you do, or else.

uses the parallel process to suggest how to get back on track in the therapy relationship

Janice: I guess that would get me back in the mode of therapy.

Supervisor: Yes! Somehow that got derailed along the way.

suggests a basis for the therapeutic alliance rupture

Janice: Yeah, it would help because if I didn't have to be empathic all the time, I could just do something different. I wouldn't be so drained, you know, if he could do more of the putting it together instead of me just sitting there reflecting. I think the thing that... the thing that helped was when you said, "He does this... he makes you feel this, and this... you don't like it when he's this, and this way," and those things are things I felt for somebody else, you know, for my mother.

summarizes her insight about the countertransference and its negative effect on the therapy

In this case, the parallel process worked both ways. First, Janice presented her dilemma with Marcus in “black-and-white” terms, just as Marcus saw his dilemma with Janice. Next, Janice understood that the helpful aspects of the supervisory process—empathy, collaboration, and interpretation—could lead to insight for her client as they did for her. The next and final step in the event involves making this second link more explicit.

Resolution

Supervisor: And this, what I'm doing with you, is what you can do with him. The same thing. "Is this what's going on? This is what is going on right now between you and me. What do you think about that? How do you see it? What does it remind you of?" And maybe he can see that it has to do with his abusive parents. Maybe he can figure out that he's trying to be the child and make you the mother because he never had a mother who acted like a mother and never had a father, and he could never be a child. This is why he wants to be on the merry-go-round, and "I want you to be up there with me. Why can't you play with me? I was never allowed to play my whole life! Why can't you do that?" And then... he can... then the 40-year-old can then snap back and say, "Oh, you're my therapist! Of course you can't do that!"

offers a possible sequence of exploration, interpretation, and insight

114 CRITICAL EVENTS IN PSYCHOTHERAPY SUPERVISION
Janice: Right. It feels funny because it feels like I used to do that with him, and it feels like I haven't done any of that for a long time. I don't know why. Maybe it's just because my brain went on vacation or something.

recalls her own skill

Supervisor: Well, there may be a lot of reasons. First of all, he changed quite a bit. Things are going better in his life, and he isn’t in a depressed state. He's going through a new phase in his emotional growth. It’s not surprising that you came up with the metaphor of a merry-go-round (or maybe he did, it doesn’t matter) because when you're in there together, your unconscious minds come together. I mean, a merry-go-round is what a child is on. You didn’t say “an airplane”; you said “a merry-go-round.” That’s a 6-, 7-year-old, and he’s reexperiencing that life stage. And we know he’s got issues about merger with his mother that he’s projecting onto you, and you’ve got a stress that is very similar in your life to a stress that he’s reexperiencing in the therapy.

offers a perspective on the impasse in the therapy process based on a conceptualization of the client's progress and Janice's countertransference

I think what you’re going through is very common for long-term dynamic therapy with someone who’s as disturbed as he is.

reassures

Janice: Do you mean the part of running into something in your life that's similar to theirs, or the part of falling off track?

Supervisor: Both, but the part, yeah, the part that falls off track and loses empathy, gets frustrated, and doesn’t know how to get to the next phase, having things get pulled out that are going on in him and also in you. It’s what all experienced therapists go through. And this issue is for you to understand it, you know. Just as it is the issue for him to understand the stage he’s at. He’s on a high. He’s on a merry-go-round. suggests that Janice can handle her countertransference through insight

You say, “That’s wonderful. Let’s figure out what triggered it. Let’s figure out what puts you in this frame of mind. Let’s see if we can understand it. What does it mean in the context of your life?” These are the questions you need to ask him.

suggests possible interventions

Janice: You know, that transactional analysis with the parent, the child, and the adult. Sometimes when I’m sitting in there, I think about that, and I think that I’m trying to be the adult here, and he’s just bouncing around from all three of them. He's not telling me when he's changing, and that's when I get confused.

Supervisor: Exactly. But it’s very difficult to maintain your position when you’ve got somebody who’s jumping around all over the place.

empathizes

Janice: And sometimes, I know, I can get into being the parent, too, or even the child when I get defensive. But not as much as he does! Oh, God, is that confusing! (laughs)

owns another aspect of the countertransference

Supervisor: Yeah! Hopefully, though, understanding all this will help you feel more in control in your sessions with him.
Janice: Yes. The session before I went on vacation... I can't remember what we were talking about... but I felt like I really wanted to help him, like the caring part was coming back, and I was really involved in it. It was more like that, and plus I knew I was going on vacation and was going to have two weeks away from him. I thought that was just wonderful, having a break. And then when I got back, you know, I started... sometimes I forget that he's a client, that he projects a lot of things onto me that aren't me, and I shouldn't react to them. It's hard to keep that in mind. I think what I need to do is just sort of push aside all the nongenuine stuff and keep in mind there's a reason he's doing that. Then I can look for genuine material. And when he's not being genuine, I can just blow it off.  

further insight into the cause of the rupture and how she can avoid it in the future

Supervisor: That'll work, you think?

Janice: Yeah, it'll help to sit there thinking about him as somebody who needs me to help him understand what's going on. I think I can deal with him, and I understand a lot more things that would never have clicked for me before, like about my mother. (silence)

Supervisor: Well, we've covered the waterfront here today, haven't we?  

Janice: Yes! We have!

Supervisor: I'm impressed with your willingness to look at what's going on for you so openly.  

reassures, in case Janice is embarrassed later on

Janice: Yeah, well, I had to.

Supervisor: I imagine some other things might kick in later on for you about all this, when you think over what we've talked about.  

Janice: (smiles) I hope so!

With the new knowledge that her client pulls from her responses similar to those she experiences with her mother, Janice felt more in control of her work with him. Working it through as she did in this episode, Janice gained important knowledge about how to work with challenging clients and about therapy in general. The supervisor alluded to the likelihood that Janice would have some more thoughts about her relationship with her mother, but further discussion along these lines in supervision was neither appropriate nor necessary.

SUCCESSFUL RESOLUTION OF A PROJECTIVE COUNTERIDENTIFICATION EVENT

In the next scenario, the supervisee, Marcia, a 34-year-old predoctoral intern in a community mental health agency, is experiencing a strong sense of inadequacy related to her client, Lauren, a 19-year-old White bartender
“with an attitude.” The Marker occurs when the supervisee expresses frustration over being unable to do something for her client. As in the previous illustration, exploration of the therapy relationship is the first step in the process. As the event unfolds, it becomes clear that a parallel process is operating, but the supervisor decides not to make it explicit. An important aspect of this event is the need to help Marcia determine whether her reactions come from within, representing her own unresolved emotional issues or if her reactions are an introject (a “taking in”) of the client’s disavowed experience. In this illustration, when it becomes clear that countertransference, based on projective counteridentification, is occurring, the supervisor educates Marcia about the meaning and uses of that awareness.

The Marker, in this instance, is succinct and begins with Marcia expressing frustration over feeling inadequate with her client. As the supervisor begins to learn how Marcia is reacting to Lauren’s presentation, she notices a discrepancy between how Marcia is experiencing this particular client versus how she experiences other clients. Inquiring about this observed discrepancy is crucial to confirm or disconfirm the presence of projective counteridentification.

**Marker**

Marcia: I think I’m over my head with Lauren. I just get the feeling that she wants something I just can’t provide, like I’m not hip enough, you know? I don’t know how to get close to her, and in fact, I feel like I don’t want to work with her. I don’t know what’s going on here!

doubts herself, confused

Supervisor: Well, let’s see if we can tease it out. Can you tell me more about what’s been going on?

slow Marcia down, joining with her and seeking clarification

[extended discussion about what’s been taking place in the therapy]

* * *

Supervisor: Tell me how she looks.

asks for a visualization to help Marcia access her feelings

Marcia: She’s just so cool, you know, kind of sarcastic and funny. And she wears those pants and boots that all the kids are wearing now and the hair all up and crazy. She just doesn’t seem all that interested in me. I feel like she thinks she got the wrong counselor.

Supervisor: What does she do that results in your feeling this way?

focuses Marcia back to the client’s behavior

Marcia: She just acts bored in session or looks at the ceiling or rolls her eyes. She says, “I don’t know” when I try to reflect her experience. She seems so blasé, like I’m not doing anything to help her. Am I overreacting here?

feels a mixture of frustration and shame
In this early part of the event, the supervisor observes that Marcia is unusually anxious about her work with Lauren, and Marcia has expressed strong feelings that suggest the presence of countertransference. Hence, the supervisor inquires specifically what Lauren is doing that results in Marcia feeling inadequate. This questioning is important, whether or not Marcia decides to call those moments to Lauren's attention or simply note them to craft an interpretive intervention. Before that can happen, however, it is important to identify how the countertransference was induced. Thus, the supervisor encourages Marcia to explore what was happening in the therapeutic relationship that led to her feeling inadequate.

Exploration of Therapy Process

Supervisor: Ouch. Seems like she's got you feeling like you can't live up to some expectations that you don't quite understand.

Marcia: Yup. I feel like I don't and maybe can't get it. (softly) I also feel kind of rejected, like she doesn't think I'm capable enough to work with her.

Supervisor: (pause) That's a tough one, just not feeling able to make something happen with her, and it seems also like feeling kind of pressured by her to make something happen and rejected because you can't.

Marcia: Yeah. I guess I just feel like whatever I decide to do, it won't be enough or adequate enough to meet with her approval. Isn't that ridiculous?

Supervisor: You know, I haven't seen you feeling incompetent like this or feeling unable to measure up with any of your other clients. I just haven't heard you

Focus on Countertransference

Having worked with Marcia for a while, the supervisor knows that such strong feelings of inadequacy never came up for Marcia with other clients. In her responses to Marcia, the supervisor selects language that implies Lauren's potential influence on Marcia's experience of her. By doing so, she tests her growing feeling that Lauren's projections may cause Marcia confusion, shame, and feelings of incompetence. In the next sequence, the supervisor seeks to understand whether the feelings are simply in response to Lauren's behavior or due to Marcia's experiencing Lauren's disavowed feelings about herself.
express feeling pressured in this way before. Can you help me understand why this is happening now?

Marcia: Well, I mean, sometimes I’m not sure where to go with clients, but no, I usually don’t feel like they are pushing me away like this or like they don’t believe I can help them—which is how I feel with her. I just . . . it’s Lauren. She just gets under my skin somehow.

Supervisor: So, this is pretty unique to Lauren. You do feel some competency with your other clients, like even though you aren’t sure where to go sometimes, you still know you have a connection with them, and you sense that they have some confidence in you.

Marcia: Yeah. Lauren just seems to know how to make me question myself. As we’re talking, I’m starting to feel some resentment toward her, and I don’t like that. I don’t feel like that at all with other clients. I mean, of course I don’t feel like a total expert therapist, but I definitely know that I can usually think and respond on my feet. Not with Lauren, though. She seems to find that little unsure place in me and aim for it.

At this point, Marcia described her countertransference and acknowledged her unfamiliar feelings unique to her experience with Lauren. Unlike other clients, Lauren can find a vulnerable spot in Marcia and poke at it. The supervisor, guided by her understanding of projective counteridentification and knowing something of Lauren’s relational history, speculates that Lauren may be inducing some of her own feeling states in Marcia.

Supervisor: It feels lousy to be on the receiving end of that kind of hostility. Your feelings, though, give us important information about Lauren and how she feels about herself. Because your feelings with Lauren are pretty different from what you feel with other clients, it’s possible that she is inducing some of that in you through projective identification.

Marcia: So, I’m reacting to something that she experiences? And she induces that in me by . . . (hesitates)

Supervisor: . . . when she acts bored and sullen and when she pokes and prods you like she does. Does that make sense to you?

Marcia: Yeah. Wow. How strange but real. It’s weird because I know she must feel that way herself, incompetent like.

Once Marcia understands how she can look at her client through her personal experience of the client’s projections, the supervisor transitions to

WORKING THROUGH COUNTERTRANSFERENCE
a discussion of the particular client dynamics that may be finding expression in the therapy relationship.

Focus on Skill (Conceptual)

Supervisor: How do you know that?
probes to expand Marcia's understanding

Marcia: Well, her mother is a high school English teacher, and she just picked and picked at Lauren—about everything, schoolwork, clothes, friends, everything. She could never do anything right, and she wasn't very good in school, which is why I think she's such a rebel now. (pauses) Maybe I remind her of her mother because I'm kind of preppy looking.
understands the client's transference

Supervisor: Possibly, yeah. Most definitely. She could be resisting some aspect of her mother by not connecting with you. It also becomes understandable that Lauren herself is very familiar with feeling incompetent.

Marcia: Oh, yeah. I mean, I think that's why she left home at 17 and got her GED. She just couldn't stand her mother's expectations any more. She didn't believe she could live up to them anyway.
her understanding of her client reveals a shift toward empathy

Supervisor: So there could be two things going on. One, she may fear that you will judge her like her mother did, so she distances you. Another thing that may be happening is that she is tired of her own feelings of incompetence, so she's sharing them with you so that you can carry them for a while. Does that make sense?
interprets the client's projective identification and Marcia's projective counteridentification

Marcia: Like, she feels incompetent in light of the constant criticism she's used to. Yeah, but she can't allow herself to acknowledge that she feels incompetent, so she projects it into me. And, man, do I feel it!
expands her understanding

Supervisor: Yeah! She either consciously or unconsciously wants you to know how she feels.

Marcia: Well, I definitely do! (laughs)
feels more at ease

Supervisor: That's very useful information for us. Your capacity to feel that can be seen as a very deep kind of empathy. So whether or not she knows it, you are connecting deeply with her already.
normalizes and reassures
(mutual laughter)

Marcia: Hmm. I never knew empathy could be so painful!

Supervisor: A mixed blessing sometimes for sure!
The supervisor made a point of reframing Marcia's countertransference as a positive experience of empathy. In the preceding sequence, with the
support of her supervisor, Marcia began distancing herself from her feelings of inadequacy and used them to understand her client’s experience. Equipped with this awareness, Marcia can now consider how to intervene with Lauren in a productive way.

Resolution

Marcia: So, now what do I do now that I have a clue about what’s going on between us?

Supervisor: Any ideas?

Marcia: Well, tell her that she seems to feel painfully inadequate?

Supervisor: Or wonder aloud about it.

Marcia: Yeah, like, “Sometimes I wonder if all of those experiences with your mom just made you really question your abilities.”

Supervisor: Sounds good to me.

Marcia: How would I explain to her how I know that? Do I tell her about my experience?

Supervisor: You don’t have to tell her; you can simply interpret what’s going on for her, or you could tell her. There are different opinions about whether or not it’s productive to tell the client how you came up with your interpretation. How you manage that will ultimately be up to you and where you decide to land theoretically. A more traditional therapist would simply make the connection for her. A more progressive therapist might invite the client to discuss the therapeutic interaction with you, and you give your reactions. But that requires some skill and confidence—(pauses) maybe a little more than you feel right now.

Marcia: Yeah. I think I’ll start with just the interpretation.

Supervisor: Sounds like a plan.

In this event, Marcia expressed strong feelings of incompetence about helping her client. The supervisor acknowledged Marcia’s feelings, then helped her examine their origins. Was feeling incompetent common for Marcia—something she does in a number of situations—or was it particular to her experience with this client? If Marcia’s feelings of incompetence were familiar, the supervisor might have addressed the feelings directly or suggested personal therapy. In this circumstance, however, because Marcia’s experience of incompetence with Lauren was extreme and unfamiliar to her, the supervisor intuited that Marcia may have received her client’s projected
feelings of inadequacy. To help Marcia understand how this happened, the supervisor taught Marcia about the client's projective identification, and without labeling it, Marcia's own counteridentification. Once Marcia began expressing an empathic understanding of Lauren, the supervisor helped Marcia use her own experience to understand Lauren more deeply and, with that understanding, make a plan to get the therapy back on track.

The supervisor might have pointed out the parallel process, showing Marcia that, in the supervisory relationship, interpretation, empathy, and guidance helped her get through the muddle and begin to feel more competent. In this case, the supervisor chose not to do so, because in her judgment, Marcia had enough to digest without this added piece. In future supervision sessions, however, the parallel process that took place in this session could be referenced and explained.

This simplified example illustrates how a supervisor might approach sorting out a classic countertransference from a projective counteridentification. Real life, however, is seldom this simple. In fact, a client's ability to induce specific feelings in a therapist depends in part on the therapist's proneness to experiencing those feelings in the first place, even in the absence of related emotional baggage. Competence issues are a good example of this nuance, because being inexperienced and in training lends itself naturally to feelings of inadequacy.

In countertransference events like these, the supervisor's job is to help the supervisee understand that projective counteridentification is normal and manageable. The supervisee can take heart by finding out, first, that bad feelings are not completely personal, and second, that these feelings offer a window onto the client's experience. If the supervisee uses that information wisely, showing the client the internal resources to manage the difficult feelings, the supervisee can effect deep insight and change in the client. Ultimately, the client may come to trust that unmanageable feelings directly can be shared, knowing that the therapist will contain them and help the client cope in a healthier fashion. When the process works, both supervisee and client learn to manage the seemingly unmanageable.

**SPECIAL CONSIDERATIONS**

Because transference is a natural phenomenon, occurring to some extent in all relationships, it is an expected part of supervisees' experiences of their supervisors. Likewise, it is normal for supervisors to have countertransferential responses to their supervisees. As eloquently put by relational psychoanalysts (Frawley-O'Dea & Sarnat, 2001; McKinney, 2000), the supervisory relationship models for the supervisee how to manage the subtexts of clinical discourse through the supervisor's wise handling of transference and countertransference phenomena.
Parallel processes often originate in the supervisory relationship, not in the therapy relationship (Doehrman, 1976). Whether the supervisor is in a clear position of power with the supervisee or the power relationship is subtler (as in postdegree supervisory situations), the supervisee will nonetheless see the supervisor as an authority figure. Naturally, the supervisor becomes a receptacle for the supervisee’s projections about people in power, with all the accompanying associations. As discussed in other chapters, transference reactions to the supervisor can also reflect discomfort related to differences based on gender, culture, race, ability, age, sexual orientation, religion, or socioeconomic status. When the supervisor is unaware of this potential dynamic and conscious and unconscious reactions to the supervisee’s transference, confusion can reign. More damaging are cases in which problems are attributed to the client when they more accurately reside in the supervisee or supervisor.

Making connections between attachment theory (e.g., Bowlby, 1979) and supervisory processes, Watkins (1995) identified three pathological attachment styles that can manifest themselves in supervision: compulsive self-reliance, anxious attachment, and compulsive caregiving. Compulsive self-reliance reflects an avoidant attachment style and may be evident when a supervisee refuses or resists help and has defiance, resentment, distancing, or disparagement for the supervisor. Curiously, just as compulsive independence masks feelings of dependence, compulsive self-reliance is likely to hide intense longings for help and approval. The anxiously attached supervisee, on the other hand, may cling to the supervisor, seek to be the favorite in the peer group, or test the supervisor’s caring and availability in various direct and indirect ways. By contrast, the compulsive caregiver may manifest her or his problems in the supervisory relationship by, for example, expressing solicitous concern for the supervisor’s personal and professional worries (Watkins, 1995). In the extreme, the compulsive caregiver may draw the supervisor into a role reversal, whereby the supervisor comes to rely on the supervisee’s help in a pseudotherapeutic way.

These and other transference reactions to the supervisor may be most noticeable when the supervisee repeatedly comes late or avoids supervision sessions, forgets to bring clinical material, is too reticent or too active, expresses acute anxiety around the supervisor, or behaves in an ingratiating way toward the supervisor. Noticing these cues, the supervisor should find an appropriate time to inquire about the supervisee’s experience of supervision in general and the supervisory relationship in particular. If transference is suspected, it should be addressed, but not in the same way a therapist might address a client’s transference. Though in some instances the basis for the supervisee’s transference may be so deeply rooted in personality conflicts or attachment styles that the supervisee is unsuited for the profession (Watkins, 1995), most transference phenomena in supervision can be dealt with in a straightforward, educational manner. After all, supervision is not
about working through traumatic, formative experiences but rather, is about learning to think through interpersonal dilemmas and developing ways to resolve emotional entanglements (Ekstein & Wallerstein, 1958).

It is a different case altogether when the problem involves a supervisor's countertransference to the supervisee. Although countertransference in supervision may be experienced in much the same way as experienced in therapy, the consequences carry more risk. A supervisor who acts out countertransferentially with a supervisee can cause harm to a young professional who depends on the supervisor's evaluation to proceed in career development. Still more serious, countertransference in the supervisor, if not resolved, can put the supervisee's clients at risk.

The major conundrum is whether the supervisor's countertransference originates within the supervisory or the therapy relationship. Countertransference that originates with the supervisor may be due to long-standing personality conflicts or reactions to specific supervisee's (Bernard & Goodyear, 1998). Overidentification with the supervisee or wanting to be like a good parent, a supervisor may avoid challenging a supervisee, choose favorites in the supervision group, compete with other supervisors for the supervisees' regard, or view supervisees as an extension of her or himself (Lower, 1972). Countertransference reactions related to sexual attraction or to cultural differences from the supervisee are discussed in chapters 3 and 6.

Supervisors can also experience countertransference toward a client, even when the supervisee does not. In chapter 4, for example, we present a transcript in which the supervisor had a strong reaction to a potential child abuse situation. The supervisor's eventual insight into her reactions allowed her to "own" her part in the role conflict that developed with the supervisee, eventually moving the event toward successful resolution.

Supervisors may experience exaggerated or unrealistic affective, cognitive, or behavioral manifestations of countertransference to their supervisees (Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000). Interviews with experienced supervisors (Ladany et al., 2000) suggested various origins of these countertransference reactions: unresolved personal problems, environmental dynamics (e.g., divided loyalties within an agency), reactions to supervisees' interpersonal styles (e.g., defensive, guarded, passive, avoidant), or their behavior with clients in session. By and large, countertransference reactions troubled these supervisors. Their emotions included distress, fear, discomfort, frustration, anger, resentment, surprise, confusion, and self-doubt. Typically, they worried about their competence and judgment and had concerns about behaving with and evaluating their trainees appropriately. Most commonly, supervisors sought help from colleagues and recognized the parallel processes so that eventually they could discuss troubling issues with their supervisees.

All countertransference events on the supervisor's part are harmful, however. Most of Ladany et al.'s (2000) supervisors reported that the initial weakening of their supervisory relationship was rectified by their actions,
resulting in a stronger bond with their supervisees. Indeed, when the supervisor recognizes countertransference as a reaction to the supervisee's transference, there is room for negotiation. Just as therapists can recognize projective counteridentification by a sense of unreality, supervisors can use their own feelings to detect projective counteridentification stemming from their supervisees' unconscious conflicts. The supervisor's reactions do not have to be extreme to be informative, and in fact, the more subtle ones may be the most instructive.

Take, for example, a supervisee who spends the session talking but without questioning or seeking input, allowing the supervisor no space to intervene. If the supervisor ends up feeling bored or tempted to "check out" of the interaction, this reaction might be a clue that the supervisee expects to be ignored or discounted by others. The supervisee fills the air with words, longing to make a connection but instead pushing others away. Recognizing an unfamiliar feeling of being discounted, the supervisor realizes that the supervisee behaves in similar off-putting ways with clients. In therapy, the supervisee waits until the client finishes speaking, then provides a reciprocal monologue. Supervisee and client function like two ships passing without connecting in a meaningful way. Understanding this dynamic, the supervisor can then relate a felt experience to a suspicion that the supervisee may be anxious about making genuine bonds with others. A responsive supervisee may explore this hypothesized dynamic and consider whether it could be operating in session with clients.

The supervisor's hypothesis may, of course, be inaccurate, but its disconfirmation prompts further attempts to understand personal reactions to the supervisee's behavior. The utility of such discussions lies not in the supervisor's accurate discernment but in the opportunity her or his reactions offer both parties to understand what "stirred" interpersonal space.

Before becoming supervisors, mental health professionals have had ample opportunity to be supervised themselves. They engage in various pursuits of self-knowledge and develop a greater awareness of interpersonal patterns. This experience, however, does not preclude the need for ongoing self-reflection. Supervisors in training usually receive supervision of their supervision, giving them the chance to examine and address countertransferrential reactions with supervisees. Generally, however, after the predoctoral training experience, supervisors are on their own. As professionals, supervisors need to find opportunities to discuss their own countertransferrential issues—whether they do so in peer supervision groups, psychotherapy, or through pursuing supervision of their supervision.

CONCLUSION

Because of its complexity, the concept of countertransference is difficult to understand, particularly in supervision, where it can occur on two
levels simultaneously and originate in either. Managing critical incidents involving countertransference is tricky. A too heavy-handed approach to countertransference can result in the supervisee resisting all the supervisor's attempts to be helpful (Hunt, 2001). However, understanding and working through countertransference reactions can make the difference between adequate and outstanding supervision.

A major implication of this chapter is that effective supervisors must engage in activities that promote ongoing self-awareness. Placing a value on the interplay of personal and professional development cannot be understated. The time invested in understanding and working through countertransference and projective counteridentification can pay off in deepened supervisee awareness and development, as well as supervisor satisfaction for a job well done.